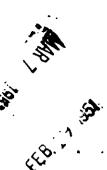
. No.300	ß			DION OF HE						
/. 10-48	FLED FEB	14 1951	STANDA	RD CERTIF	ICATE O	F DEATH	State	File No	436	
.1	BIRTH NO		REG. DIST. I	10. <u>53</u>	PRIMARY REG.	_{, різт. но. <u>З</u>}	DIO Regist	rar's No	58	
1.4	1. PLACE OF DE	ATH							tion: residence before	
16	a. COUNTY Cap	e Girardeau			a. SIAIE	Missouri	b. COU	NTY Pe:	(noimimba VTT).
U	II OR	orporate limits, write RUR	AL and give township)	c. LENGTH OF STAY (in this place)	c. CITY (II d	outside corporate limit	s, write RURAL an	give township	o anall	•
· a		e Girardeau		4 Weeks	TOWN d. STREET	Rural St,	Marys To	wnship	0779	
RECORD	d. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION St. Francis Ho						give location) Le, R. 4.		7	
ã.	3. NAME OF	a. (First)		(Middle)	c. (La					:
	DECEASED (Type or Print)	Anna	_	rances	·	ilig	I OF `		(Day) (Year)	
EN	[]	COLOR OR RACE 7			8. DATE OF B		9. AGE (In years	F CHEER 1 Y	7,1950	
PERMANENT	Female [White	widowed, di Marr	VER MARRIED, VORÇED (Specify) 101	January	22.1891	last birthday) 60	Months D		
2	10a. USUAL OCCUPATIO	ON (Give kind of work 10		USINESS OR IN-		CE (State or foreign o	ountry)	/ 12.	CITIZEN OF WHAT	÷
<u>a</u>	done during most si ewij	I e		DUSTRY	Elc	o, Illino	is /		COUNTRY!	
7	13a. FATHER'S NAME		136. м	THER'S MAIDEN			WE OF HUSBAND			•
ம்	Wm. S. I			Nora Simms			Otto E. H			٠.
MAKE	15. WAS DECEASED EVE (Yee, no or unknown) (II	ER IN U.S. ARMED FOR	ervice) `	CIAL SECURITY NO.		MANT'S SIGN			ADDRESS	i
2	-	<u> </u>	No		Otto E.	Heilig,]	Perryville	<u> </u>	R.4.	
	18. CAUSE OF DEATH Enter only one cause per	1 I. DISEASE OR CONE	DITION	MEDICAL C	ERTIFICATION			17	NTERVAL BETWEEN ONSET AND DEATH	
INK	line for (a), (b), and (c)	1. DISEASE OR CONE DIRECTLY LEADING	TO DEATH*(a)	Jumes	of pany	near wi	the above	12	9-14-32	
CK	*This does not mean ANTECEDENT CAUSES									
AC	the mode of dying, such Morbid conditions, if any, giving DUE TO (b)								78.3 0	
Hari	as heart failure, asthenia, etc. It means the dis-									
ا ق	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFICA		ETO (c) .						
UNFADIN	Lion which thates beets.	Conditions contributing	eg to the death by	t not	•			- 1,	157X	
FΔ	19a. DATE OF OPERA-			· · · · · · · · · · · · · · · · · · ·	12	D. AUTOPSY?				
N. I	9-19-5-TION) umas of	mar	رکامه رجعه	iosous	show It	esano Par	1.	Ares X No	
. છ	21a. ACCIDENT SUICIDE	(Specify). 21/	PLACE OF INJU	RY (e.g., in or about	216 (CITY, fo	WN, OR TOWNSHIP		INTY) .	(STÂTE)	
SING	SUICIDE HOMICIDE	.] 50.2	-, 151 111, 1500017, 41							
βį	21d. TIME (Month)	(Day) (Year) (Hou	z) 21e. INJU WHILEAT	IRY OCCURRED	21f. HOW DID	INJURY OCCURT	-	· -		
Α.	INJURY		WORK	AT WORK						
PLAINLY	22. I hereby certify f				بر <u>0 خو1 با</u>		, 18/ih	at I last sc	w the deceased	
I Y	alive on +10	, 19 را کر 19	and that dea	th occurred at _		from the causes	and on the da			
	23a. SIGNATURE	Nino	- 0	(Degree or title)	23b ADDRESS		2		C. DATE SIGNED	
. E.	24a. BURIAL, CREMA	- 1 24b, DATE	/ 	171 - L)	(ppeN	min	an M		2-8-57	
WRITE	TION REMOVAL TRANSPORT	Feb. 9,19	1	ME OF CEMETERS	•		TION (Olty, town Elco, Ill		(State)	
F	DATE REC'D BY LOCAL		 _	44			GNATURE	THOTB	E SS	
][2-8-1959	16.6. D	ham		1) (1)	Eberth	Tey (7	ODDAL-	Ile. 2.	
14			(Licer	sed Embelmer's St	tatement on Rev	erae Side)	1	7	~~, ~~,	



RECEIVED FEB 12 1951

DISTRICT HEALTH OFFICE No. 6

est the

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate	was embali	med by me, o	r by
W	••			
working under my personal supervision.	Student	Embalmer N	10	• • • • • • • • • • • • • • • • • • • •

Signed Licensed Embalmer No. 3866

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.